## VERMONT DEPARTMENT OF HEALTH LABORATORY

Physical: 359 South Park Dr, Colchester, VT 05446
Mailing: PO Box 1125, Burlington, VT 05402-1125
(802)338-4724 or (800)660-9997 (VT only)

Lab number(s)

**Receipt Date:** 

## Blue-Green Algae Toxin Request for Analysis

|                       |             | <u> </u>   |
|-----------------------|-------------|--|
| Report to:            |             |  |
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|                       |             |  |
|                       |             |  |
| REQUESTED ANALYSIS:   |             |  |
|                       |             |  |
| SUBMITTER'S NAME:     |             |  |
| GANDA E GOVED OF      |             | GAMPLE DATE:   |
| SAMPLE SOURCE:        |             | SAMPLE DATE :  |
| SAMPLE TYPE or MATRIX | VIAL 1:     | VIAL 2:  |
| SUBMITTER COMMENT:    |             |  |
|                       |             |  |
|                       |             |  |
| LABORATORY COMMENT:   |             |  |
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| ORTOX 202 rev. 0 3/16 |             | ons, comments or suggestions m, please contact the laboratory. |
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